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Date: May 8, 2006

To: Examiner Christopher D. Koharski
Fax No: 571-273-8300

From: Michael E. Milz
Tel. No: 312-321-4200

Client No.: 10000

Re: Serial No. 10/802,555
Authorization to Act in a Representative Capacity

No. of Pages
(incl. this page): 4

Confirmation Copy To Follow: Yes No ☒ X

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CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. §1.8

I hereby certify that this correspondence, totaling three (3) pages including related attachments, is being facsimile transmitted to Examiner Christopher D. Koharski at the United States Patent and Trademark Office at facsimile no.: 571-273-8300 on the below date:

Date: May 8, 2006 Name: Michael E. Miltz Reg. No. 34,880 Signature: 

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: Vihar C. Surti
Appln. No.: 10/802,555
Filed: March 30, 2004
For: PEDIATRIC ATRESIAMAGNETS

Examiner: Christopher D. Koharski
Art Unit: 3763

Attorney Docket No: 10000-125

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

Attached is/are:

- ☒ Authorization to Act in a Representative Capacity
☒ Return Receipt Postcard

Fee calculation:

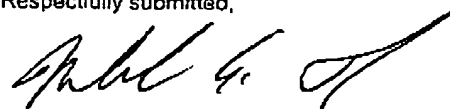
- ☒ No additional fee is required.
☐ Small Entity.
☐ An extension fee in an amount of \$_____ for a _____-month extension of time under 37 C.F.R. § 1.136(a).
☐ A petition or processing fee in an amount of \$_____ under 37 C.F.R. § 1.17(____).
☐ An additional filing fee has been calculated as shown below:

	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Small Entity		or	Not a Small Entity	
					Rate	Add'l Fee		Rate	Add'l Fee
Total		Minus			x \$25=			x \$50=	
Indep.		Minus			x 100=			x \$200=	
First Presentation of Multiple Dep. Claim					+\$180=			+\$360=	
					Total	\$		Total	\$0

Fee payment:

- ☐ A check in the amount of \$_____ is enclosed.
☐ Please charge Deposit Account No. 23-1925 in the amount of \$_____. A copy of this Transmittal is enclosed for this purpose.
☐ Payment by credit card in the amount of \$_____ (Form PTO-2038 is attached).
☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 23-1925.

Respectfully submitted,



Michael E. Miltz (Reg. No. 34,880)

May 8, 2006
Date

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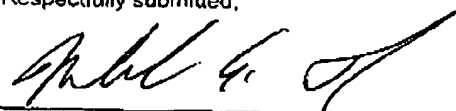
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Respectfully submitted,



Michael E. Milz (Reg. No. 34,880)

May 8, 2006

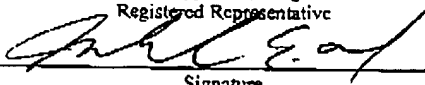
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Alexandria, VA 22313-1450

May 8, 2006

Date of Deposit

Michael E. Milz, Reg. No. 34,880

Name of applicant, assignee or
Registered Representative

Signature

May 8, 2006

Date of Signature

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Attorney Docket No.: 10000-125Client Reference: PA-5361-RFB**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

Vihar C. Surti

Serial No. 10/802,555

Filing Date: March 30, 2004

For: PEDIATRIC ATRESIAMAGNETS

Examiner: Christopher D. Koharski

Group Art Unit No.: 3763

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

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Alexandria, VA 22313-1450

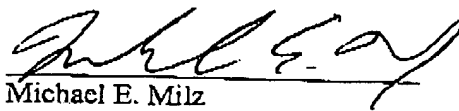
Dear Examiner Koharski:

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Heidi A. Dare
Registration No. 50,775

Respectfully submitted,

BRINKS HOFER
GILSON & LIONE
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Chicago, IL 60611
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Michael E. Milz
Registration No. 34,880
Practitioner of Record